Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 574561

CUSTOMER DETAILS	
Name (Mr/Mrs/Miss/Ms)	UoS Accommodation Limited
Address	Endcliffe Village Endcliffe Crescent Sheffield -
Postcode	S10 3EA
Tel No	-
Contract Number	UoS

SERVICE CENTRE	
Address	Engie 14 Endcliffe Crescent Sheffield
Postcode	S10 3EA.
Tel No	0114 222 9946

Indicate work undertaken	Tightness test	Strength test
Scope of work	Job No	
ADAM GAS RPM AND TIGHTNESS TEST.		

Test Instrument	
Type (water/oloc etc)	ELECTRONIC
Serial No if applicable	V200 CT 26151

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (m/bar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

TIGHTNESS TEST DETAILS	TPOP1	TPOP1A
Tested To TPOP1 or TPOP1A tick as appropriate		✓
Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		NG
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature effect test? Yes/No		[redacted]
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		D
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)		U40
Pressure bypass installed if applicable (Yes/No/NA)		NO
Gas meter volume (m^3)		0.067
Installation volume pipework and fittings (m^3)		0.021
Installation volume total (m^3)		0.088
Test medium - fuel gas, air		GAS
Tightness test pressure (TTP) mbar/bar		21.0
Gauge DRM		0.5
Pressure gauge type (water, high SG, electronic etc)		ELEC
Maximum permitted leak rate (MPLR) m^3/h		[redacted]
Maximum Permitted pressure drop (mbar)	[redacted]	4.2
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		2
Any inadequately ventilated areas to check? Yes/No		NO
Is barometric pressure correction necessary? Yes/No		[redacted]
FINDINGS		
Actual pressure drop (if any) mbar		0.0
Actual leak rate m3/hr		[redacted]
Have inadequately ventilated areas been checked? Yes/NA		NA
Tightness test Pass or Fail		PASS

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Engineers Signature [redacted] Date

Print Name

Responsible Person's Signature

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy

ENGIE

GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

Page 2 of 2 Ser No. 33618

GAS safe REGISTER

Engine[redacted]

Gas Sa[redacted]

Engie Office Address
UOS ACCOMMODATION
14 ENGLEE CRESCENT
SHEFFIELD
S10 3GA

Contract Number UOS
Customer Name ENGIE
Site Address CRATCLIFFE CF
ENGLEE AVENUE
SHEFFIELD
Postcode S10 3GL
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

574561.
Enter Company Registration Number

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	CRATCLIFFE CF PLAN ROOM.	BOILER	VIESSMANN VITODENS 300	7176779702446102	—	OF
2	YES	SERVICE		BOILER.	VIESSMANN VITODENS 300	7176779702448106	—	OF.
3	~~YES~~	~~SERVICE~~		—	—	—	—	—
4	~~YES~~	~~SERVICE~~		—	—	—	—	—

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	No	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fall to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² ~~or ventilation flow rate in/at m³/h~~	Actual 1680	Required (Calculated) 1274	
High level free area cm² ~~or ventilation flow rate in/at m³/h~~	Actual 2150	Required (Calculated) 637.	
All ventilation grills clear and unobstructed (Yes/No)		Fans and/or flue interlocks operating correctly (Yes/No/NA)	

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES	YES	Gas ~~burner pressure (mbar) or~~ heat input kW/h required	66.0	15.0	66.0	15.0	Carbon Dioxide (CO_2) (%)	9.1	8.0	8.8	8.9
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES	~~Gas burner pressure (mbar) or~~ heat input kW/h measured	65.5	26.2	66.7	25.1	Excess Air (%)	31.2	48.8	36.0	38.0
Air/Gas switch operating correctly (Yes/No/NA)	YES	YES	YES	YES	Gas rating measured (kW/h / NA)	65.5	26.2	66.7	25.1	CO/CO_2 Ratio	0.000	0.000	0.000	0.000
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES	Air/gas ratio control setting (%/NA)	NA	NA	NA	NA	Gross Efficiency (%)	98.2	98.9	97.9	98.6
Burner lock out time (seconds)	129	129	140	140	Net flue gas temperature (gross less ambient) (°C)	65	48	68	53	CO flue dilution (ppm)	NA	NA	NA	NA
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES	Oxygen (O_2 %)	5.0	6.8	5.5	5.5	Standing pressure (mbar)	23.0	23.0	23.0	23.0
Heat net input rating data (kW)	66.0	15.0	66.0	15.0	Carbon Monoxide (CO)(ppm)	36	7	28	7	Working pressure (mbar)	19.4	20.9	19.4	20.9
										Is appliance safe for use (Yes/No)	YES	YES	YES	YES
										Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
										Test Instrument	ANTON SPRUM V200			
										Test Instrument serial number	V200 CJ26151.			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	YES

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date [redacted]

Signature [redacted]

[redacted] - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer

Gas Safety Certificate	C-HS-F-002	Version No: 01
[redacted]		Version Date: February 2015
Security Classification: Unclassified		

GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

Page 1 of 2 Ser No. 33617

574561 Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address
UoS Accommodation
14 Ewaffee Crescent
Sheffield.
S10 3CA.

Contract Number UoS
Customer Name Engie
Site Address Clarcliffe CF
Ewaffee Avenue
Sheffield
Postcode S10 3QL
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	Service	Clarcliffe CF First Floor.	DHW Combi	Ariston Clas 120/300	100400 3660	—	OF
2	YES	Service		DHW Combi	Ariston Clas 120/300	100400 3660	—	OF
3	YES	Service		DHW Combi	Ariston Clas 120/300	100400 3660	—	OF
4	YES	Service		DHW Combi	Ariston Clas 120/300	100400 3660	—	OF

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² or ventilation flow rate m³/hr	Actual 1680	Required (Calculated)	1274
High level free area cm² or ventilation flow rate m³/hr	Actual 2450	Required (Calculated)	637
All ventilation grills clear and unobstructed (Yes/No)	YES	Fans and/or flue interlocks operating correctly (Yes/No/NA)	NA

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES	YES	Gas burner pressure (mbar) or heat input kW/h required	31.1	31.1	31.1	31.1	Carbon Dioxide (CO_2) (%)	8.8	8.8	8.8	8.8
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES	Gas burner pressure (mbar) or heat input kW/h measured	29.7	29.7	30.8	29.7	Excess Air (%)	35.7	35.9	34.4	36.1
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA	Gas rating measured (kW/h / NA)	29.7	29.7	30.8	29.7	CO/CO_2 Ratio	0.000	0.000	0.000	0.000
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES	Air/gas ratio control setting (%/NA)	NA	NA	NA	NA	Gross Efficiency (%)	98.5	99.8	99.8	98.6
Burner lock out time (seconds)	56	57	56	56	Net flue gas temperature (gross less ambient) (°C)	50	51	50	52	CO flue dilution (ppm)	NA	NA	NA	NA
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES	Oxygen (O_2 %)	5.5	5.5	5.4	5.5	Standing pressure (mbar)	23.0	23.0	23.0	23.0
Heat net input rating data (kW)	31.1	31.1	31.1	31.1	Carbon Monoxide (CO)(ppm)	33	68	73	62	Working pressure (mbar)	19.5	19.5	19.5	19.5
										Is appliance safe for use (Yes/No)	YES	YES	YES	YES
										Has a warning advice notice been raised (Yes or Warning notice Ser No or No's)	NO			
										Test Instrument	ASTEC SIGMA V2000			
										Test Instrument serial number	V2006126151.			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	YES

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date 26/2/21

Signature [redacted]

White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer